

MONITORING REPORT ADULT DAY CARE AND ADULT DAY HEALTH
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DATE OF VISIT: _____

I. PROGRAM: _____ COUNTY: _____

II. TYPE OF VISIT: () Announced () Unannounced TIME OF VISIT: _____

III. ENROLLMENT: # Full-time ____ # Part-Time ____ Month Reviewed _____

ATTENDANCE: # Participants at time of visit ____ # of Staff _____

IV. CONCERNS FROM PREVIOUS VISIT: _____

Have these concerns been resolved? () YES () NO (If no, complete DSS Form 6215)

V. AREA REVIEWED:

Program Records [10A NCAC 06R .0508 and 06S .0401 – <u>Standards</u> , Pages 30-31]
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Yes	No	N/A	
()	()		Program plans;
()	()		Monthly records of expense and income, incl. fees collected, and fees to be collected;
()	()		All bills, receipts, and other pertinent information which document expenses and income (to be kept a minimum of three years);
()	()		A daily record of attendance of participants by name;
()	()		Accident reports;
()	()	()	*Record of staff absences, annual and sick leave, including dates and names of substitutes;
()	()		Documentation of at least quarterly fire drills, and drills for other types of emergencies;
()	()	()	*Individual personnel records on all staff members, including:
			<input type="checkbox"/> application for employment;
			<input type="checkbox"/> job description;
			<input type="checkbox"/> current medical certification of absence of communicable disease;
			<input type="checkbox"/> written note or report on any personnel action taken with the employee;
			<input type="checkbox"/> written report of annual employee review.
()	()		A copy of all written policies, including:
			<input type="checkbox"/> program policy statement <input type="checkbox"/> personnel policies
			<input type="checkbox"/> agreements <input type="checkbox"/> plan for emergencies
			<input type="checkbox"/> evacuation plan
()	()		Program evaluation reports.
()	()	()	Control file of DSS-5027's on all participants for whom Social Services Block Grant (Title XX) or Adult Day Care funds are claimed.

* Not applicable for Day Care and Adult Day Health Homes

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Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (9-05)

Check Yes, No, or N/A (not applicable). If no, provide explanation.

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Program Records (Continued)

VI. COMMENTS/CONCERNS _____

Attach an additional sheet if needed

VII. PROGRAM DIRECTOR'S COMMENTS _____

VIII. Continued by () DSS-6215 (____ # of forms)

IX. Signatures:

Coordinator

Date

Program Director

Date

Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (9-05)

Check Yes, No, or N/A (not applicable). If no, provide explanation.